

CDC/NIP 2000 Immunization Registry Annual Report

SECTION 1 BACKGROUND INFORMATION

A. DEMOGRAPHIC

1.1. Catchment Area:

_____ State: _____

_____ City: _____

_____ Territory/Commonwealth: _____

1.2. Name of registry: _____ Acronym: _____

1.3. Programmatic Registry Contact Person Respondent? _____ yes _____ no

Name: _____ Title: _____

Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

1.4. Technical Registry Contact Person (CP) Respondent? _____ yes _____ no

_____ No Technical CP _____ Same as Programmatic CP

Name: _____ Title: _____

Affiliation: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Immunization Registry: A confidential, population-based, computerized information system that contains information about immunizations and children and in which immunization data are submitted and/or retrieved from entities other than that of the central registry

Population-based immunization registry: An immunization registry populated by birth records

- 1.5. Are there any independent **population-based** immunization registries in your catchment area that are *NOT sharing data* with the central registry (stand-alone databases are not included)?
____ yes ____ no

IF YES: Complete and submit a 2000 Immunization Registry Annual Report for **each** of these independent registries.

- 1.6. Does your immunization project *currently* have a **population-based** immunization registry?
____ yes ____ no

IF YES: Continue completing this Report.

IF NO: Complete only the next question (1.7). You are finished with this Report. Please submit.

- 1.7. Do you have a written immunization registry implementation plan? ____ yes ____ no

Children

- 1.8. Which age group is primarily targeted by and routinely entered into your registry (Check only one)?
____ Birth through 2 years of age
____ Birth through 5 years of age
____ Birth through age 18
____ All ages (including adults)
____ Other age group (Specify: _____)

- 1.9. Estimated annual birth cohort for your catchment area:
____ as of ____/____/____
Source: _____

- 1.10. Number of children birth through 5 years of age in your catchment area:
____ as of ____/____/____
Source: _____

- 1.11. Number of children 19 through 35 months of age in your catchment area:
____ as of ____/____/____
Source: _____

Providers

Definitions: Public provider: Clinic *SITES* operated partially or wholly with public funds (e.g. county public health clinics, community/migrant centers, Indian Health Service clinics, etc.).

Private provider: Clinic *SITES* operated solely with private funds (Either an individual practice or a group practice would be counted as one site.).

1.12. Number of public immunization provider *SITES* in your catchment area:

_____ as of ____/____/____

1.13. Number of private immunization provider *SITES* in your catchment area:

_____ as of ____/____/____

Source: _____

SECTION 2 TECHNICAL INFORMATION

A. MINIMUM FUNCTIONAL STANDARDS

IMPORTANT - PLEASE READ: The National Immunization Program, in conjunction with its state and local immunization grantees, has identified 13 Functional Standards that constitute the minimum necessary elements of an operational immunization registry. These functions are listed in bold and are followed by questions designed to assess a registry's current status with regard to that function. The questions in 2.15. ask about additional functions registries may have beyond these minimal ones.

Please answer each question. Your answers should reflect the **CURRENT** functions of your registry, and **NOT FUTURE PLANS**. Responses that require qualification are probably best answered "No". If you are unsure of an answer, please call Jim Harrison at 1-800-799-7062.

2.1. Electronically store data on all NVAC-approved core data elements		Circle Answers	
2.1.1.	For each core data element, does your registry contain the following data entry fields?		
	a. Patient name (first, middle, & last)	Yes	No
	b. Patient birth date	Yes	No
	c. Patient sex	Yes	No
	d. Patient birth state/country	Yes	No
	e. Mother's name (first, middle, last, & maiden)	Yes	No
	f. Vaccine type	Yes	No
	g. Vaccine manufacturer	Yes	No
	h. Vaccination date	Yes	No
	i. Vaccine lot number	Yes	No

	ii.		
2.2.	Establish a registry record within 6 weeks of birth for each newborn child born in the catchment area	Circle Answers	
2.2.1.	a. What is the average amount of time, in weeks, between a child's birth and the establishment of a registry record? _____ weeks		
	b. Do you have a process in place that identifies deceased children and removes them from the database?	Yes	No
	1. What is the average length of time to receive notification of death? _____ weeks		
2.3.	Enable access to immunization information from the registry at the time of encounter	Circle Answers	
2.3.1.	Are participating providers able to retrieve immunization information from your registry <i>at the time of encounter</i> ?	Yes	No
	By which of the following modes do participating providers currently retrieve information from your registry?		
	a. Internet?	Yes	No
	b. Dial-in modem (real time)?	Yes	No
	c. Fax (paper forms)?	Yes	No
	d. Phone (touch-tone entry, computer voice response, other phone methods, or speaking with a registry staff person)?	Yes	No
	e. Mail (paper forms)?	Yes	No
2.4.	Receive and process immunization information within 1 month of vaccine administration	Circle Answers	
2.4.1.	Do participating providers submit information on immunization encounters within 1 month of vaccine administration?	Yes	No
	By which of the following modes do participating providers currently submit information?		
	a. Internet?	Yes	No
	b. Dial-in modem (real time)?	Yes	No
	c. Dial-in modem (batch mode)?	Yes	No
	d. Mail (computer disk)?	Yes	No
	e. Mail (paper forms)?	Yes	No
	f. Fax (paper forms)?	Yes	No
	g. Phone (touch-tone entry, computer voice response, other phone methods, or calling to speak with a registry staff person)?	Yes	No
2.5.	Protect the confidentiality of medical information	Circle Answers	
2.5.1.	Does your registry have a <i>written</i> confidentiality policy in place and implemented that details the procedures to protect medical information? (Reference: Community Immunization Registry Manual, Chapter 2: Confidentiality)	Yes	No

	a. Which of the following items are addressed in your written confidentiality policy?		
	1. Minimum specifications for confidentiality policies?	Yes	No
	2. User agreements?	Yes	No
	3. Notification: informing patients, parents, or legal guardians of the purpose and potential uses of the immunization registry?	Yes	No
	4. Choice: giving the option to decide whether or not to participate in the registry?	Yes	No
	5. Uses of immunization registry information?	Yes	No
	6. Access to and disclosure of immunization registry information?	Yes	No
	7. Penalties for unauthorized disclosure (e.g., termination or legal penalties)?	Yes	No
	8. Data retention and disposal?	Yes	No
	b. Does your registry provide formal staff training on confidentiality?	Yes	No
	2.6.	Ensure the security of medical information	Circle Answers
2.6.1.	<u>Security Policies and Practices</u> Does your registry have <i>written</i> security policies in place and implemented that detail the technical security measures and physical safeguards in place to protect medical information?	Yes	No
	a. Does your registry provide formal staff training on security policies?	Yes	No
	b. <u>Technical Security Measures</u> 1. Are individual users (at both the central and provider levels, if applicable) assigned unique user IDs?	Yes	No
	2. Has a formal system vulnerability assessment been conducted to identify security weaknesses?	Yes	No
	3. Are individually-assigned passwords required to gain access to the system at the central level?	Yes	No
	4. Are individually-assigned passwords required to gain access to the system at the provider level?	Yes	No
	5. Does your registry employ levels of access control that limit users' access to only that information for which they have a legitimate need (e.g., read only access for non-immunization entities like schools, with full access for central registry staff)?	Yes	No
	6. Does your registry keep an audit trail that logs all access to information?	Yes	No
	7. Is remote access to your central server(s) protected by a firewall?	Yes	No
	8. Is computerized information that passes over communications lines encrypted?	Yes	No

	9. Do all of your registry's servers have up-to-date virus checking programs running continuously?	Yes	No
	c. <i>Physical Security Measures</i> Is the central server located in a locked room, with controlled access?	Yes	No
2.7.	Recover lost data (disaster recovery)	Circle Answers	
2.7.1	Is your registry's central server backed-up incrementally on a daily basis?	Yes	No
2.7.2	Are backup media stored securely in a separate location?	Yes	No
2.7.3	Do you have a written disaster recovery plan?	Yes	No
2.8.	Exchange immunization records using Health Level 7 (HL7) standards	Circle Answers	
2.8.1.	If we were to send your registry a query today for a specific immunization record via an HL7 message, could your registry process that message and return either an HL7 message showing multiple matches to the query or return the immunization record in an HL7 VXR message?	Yes	No
2.8.2.	If we were to send your registry a new immunization record today via an HL7 VXU message, could your registry process that message and upload the record into your database?	Yes	No
2.9	Automatically determine the immunization(s) needed, in compliance with current ACIP recommendations, when an individual presents for a scheduled vaccination	Circle Answer	
2.9.1	Does your registry have a function, accessible at the provider level, that identifies needed immunizations given an individual's immunization history to date?	Yes	No
2.10.	Automatically identify individuals due/late for immunization(s) to enable the production of reminder/recall notifications	Circle Answers	
2.10.1.	Reminder Is your registry able to routinely produce a list to identify individuals <i>due</i> for immunization(s)?	Yes	No
	a. Can your registry generate <i>reminder</i> notifications (either notices to be mailed or input to an automated telephone reminder system)?	Yes	No
	b. Do providers produce <i>reminder</i> notifications (e.g., by providing the capability to print out mailing labels or form letters)?	Yes	No
2.10.2.	Recall Is your registry able to routinely produce a list to identify individuals <i>overdue</i> for immunization(s)?	Yes	No
	a. Can your registry currently generate <i>recall</i> notifications (either notices to be mailed or input to an automated telephone reminder system)?	Yes	No
	b. Do providers currently produce <i>recall</i> notifications (e.g., by providing the capability to print out mailing labels or form letters)?	Yes	No

2.11.	Automatically produce immunization coverage reports by providers, age groups, and geographic areas	Circle Answers	
2.11.1.	By which of the following parameters is your registry able to produce immunization reports?		
	a. For all children in the entire catchment area?	Yes	No
	b. For a given age group of children (e.g., 19-35 months of age)?	Yes	No
	c. By individual provider/site (as defined in registry enrollment procedures)?	Yes	No
	d. By geographic subdivision within catchment area (e.g., county, zip code)?	Yes	No
2.12.	Produce authorized immunization records	Circle Answer	
2.12.1.	Does your registry have a function that allows authorized users to print a copy of an individual's immunization history that serves as an "official immunization record"?	Yes	No
2.13.	Consolidate all immunization records from multiple providers, using deduplication and edit checking procedures to optimize accuracy and completeness	Circle Answers	
2.13.1.	Does your registry consolidate information from multiple providers on an individual child into a single, unduplicated record?	Yes	No
2.13.2.	Does your registry have a deduplication process in place?	Yes	No
2.13.3.	Does your registry employ any of the following data quality assurance (edit check) mechanisms?		
	a. Immunization date cannot precede birth date?	Yes	No
	b. Neither the birth date nor immunization date can be later than the current date?	Yes	No
	c. A list of choices (rather than free text entry) is provided for vaccine type?	Yes	No
	d. A list of choices (rather than free text entry) is provided for the lot number?	Yes	No
	e. A list of choices (rather than free text entry) is provided for the vaccine manufacturer?	Yes	No
2.13.4.	Does your registry staff periodically verify the accuracy of registry data through provider chart audits?	Yes	No
2.13.5.	Does your registry allow the entry of historical immunization information for children in the registry?	Yes	No

B. OTHER TECHNICAL ITEMS

2.14. Was your registry developed as an independent system or as a module of a larger, integrated public health information system? (Check only one)

_____ Independent _____ Integrated

2.15.	For each of the following additional registry attributes, does your registry currently utilize this feature?	Circle Answers	
	a. Geographic Information System (GIS) mapping capability?	Yes	No
	b. VFC eligibility determination capability?	Yes	No
	c. HEDIS data reporting capability?	Yes	No
	d. Adverse events reporting capability?	Yes	No
	e. Contraindications recorded and used in scheduling algorithm?	Yes	No
	f. Vaccine ordering capability?	Yes	No
	g. Vaccine inventory control capability?	Yes	No
	h. Other (_____)?	Yes	No

- 2.16. Indicate whether each of the following entities *currently* SUBMIT data to and/or RETRIEVE data from your registry *in electronic form* (e.g., via Web interface, modem connection, disk).

Entity	Entity submits data to registry <i>in electronic form</i>		Entity retrieves data from registry <i>in electronic form</i>	
	Circle Answers		Circle Answers	
a. Vital Records Department (e.g., birth certificate data)?	Yes	No	Yes	No
b. Newborn Screening Program?	Yes	No	Yes	No
c. Newborn Hearing Assessment Program?	Yes	No	Yes	No
d. Blood Lead Screening Program?	Yes	No	Yes	No
e. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program?	Yes	No	Yes	No
f. Medicaid Management Information System (MMIS)?	Yes	No	Yes	No
g. Women, Infants, and Children (WIC) Nutrition Program?	Yes	No	Yes	No
h. Other Maternal & Child Health Programs (MCH)?	Yes	No	Yes	No
i. TB Program?	Yes	No	Yes	No
j. Daycare Facilities?	Yes	No	Yes	No
k. Schools?	Yes	No	Yes	No
l. Community/Migrant Health Centers?	Yes	No	Yes	No
m. Indian Health Service?	Yes	No	Yes	No
n. Military Health System?	Yes	No	Yes	No
o. Public Health Clinic Patient Management/Billing System?	Yes	No	Yes	No
p. Private Medical Practice Management/Billing Systems?	Yes	No	Yes	No
q. Managed Care Organizations?	Yes	No	Yes	No
r. Other registries (e.g., county, region, or state)?	Yes	No	Yes	No
s. Hospitals?	Yes	No	Yes	No
t. Other: (_____)?	Yes	No	Yes	No

SECTION 3
SATURATION MEASURES

IMPORTANT: *All of the following saturation data for children and providers are to be generated directly from your registry.*

Children

- 3.1. How many children birth through 5 years of age with 2 or more immunizations are *in your registry*?

_____ as of ____/____/____

- 3.2. How many children 19 through 35 months of age with 2 or more immunizations are *in your registry*?

_____ as of ____/____/____

- 3.2.a How many 19 through 35 month old children have received 4 DTaP, 3 polio, & 1 MMR?

- 3.2.b How many 19 through 35 month old children have received 4 DTaP, 3 polio, 1 MMR, 3 Hepatitis B, & 3 Hib?

Immunization Providers

Definition: An immunization provider is a clinic ***SITE*** providing immunizations to children (Group practices are counted as one site.).

- 3.3. How many public immunization clinic ***SITES*** in your catchment area have submitted data to your registry in the last 6 months?

_____ as of ____/____/____

Definition: Public provider: Clinic ***SITES*** operated partially or wholly with public funds (e.g. county public health clinics, community/migrant centers, Indian Health Service clinics, etc.).

- 3.4. How many private immunization clinic ***SITES*** in your catchment area have submitted data to your registry in the last 6 months?

_____ as of ____/____/____

Definition: Private provider: Clinic ***SITES*** operated solely with private funds (Either an individual practice or a group practice would be counted as one site.).